ODOT TRAVEL SURVEYS	$\mathbb{R} \mathbb{O}$	ADSI:	DE INT	ERVIEW FO	ORM			SHARED STATION
Station No	Date	Hour_	am [m Interviewe	r Initia	ls	_ 5	Sheet of
"From" Study Area_					"To" 9	Study A	Area_	
Vahiela Typat			Vehicle Occupancy:	Trip Purpose:				Commodity Hauled
Pass. Vehicle Light Truck Heavy Other Motorcycle Truck	Trip Start er End at Home ?	□ N•		Home to or from Work	Shapping	Secial ar Rec.	Other	
	ORIGIN				Ι	DESTINA'	TION	
Street Adress				Stroot Adross				
City	State _		Z ip	City			. State	Zip
Cross-Stroot				Cross Stroot				
Major Landmark								
If Origin not in Study Area, entering route				If Destination not in Study .	Area, exiting	route		
Vehicle Type:	Trip Start or		Vehicle Occupancy:	Trip Purpose:				Commodity Hauled
Pass. Vehicle Light Truck Heavy Other Metarcycle Truck	End at Home ? Yes	□ N•		Home to ar from Work	Shopping	Social or Rec.	Other	
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City Cross-Stroot Major Landmark If Origin not in Study Area, entering 1 Vehicle Type: Pass. Vehicle Light Truck Heavy Other	outo Trip Start or End at Home ?		Zip	City Cross-Stroot Major Landmark			. State	Zip
City Cross-Street Major Landmark If Origin not in Study Area, entering 1 Vehicle Type: Pass. Vehicle	State		Zip	City Cross-Stroot Major Landmark If Dostination not in Study Trip Purpose: Home to er	Area, exiting	Social or Rec.	. State	Zip
City Cross-Stroot Major Landmark If Origin not in Study Area, entering 1 Vehicle Types Pass. Vehicle Light Truck Heavy Other	outo Trip Start or End at Home ?		Zip	City Cross-Stroot Major Landmark If Dostination not in Study Trip Purpose: Home to er	Area, exiting	reute	. State	Zip
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City Cross-Street Major Landmark If Origin not in Study Area, entering a Vehicle Type: Pass. Vehicle Light Truck Heavy Other Metercycle Truck Street Adress	Trip Start or End at Home ? Yes ORIGIN	N _e	Zip	City Cross-Stroot Major Landmark If Destination not in Study Trip Purpose: Homo to or from Work Stroot Adress City	Area, exiting Shopping	Social or Roc.	Other TION	Commodity Hauled
City Cress-Stroot Major Landmark If Origin not in Study Area, entering 1 Vahicle Type: Pass. Vehicle Light Truck Heavy Other Metercycle Truck Street Adress City	ORIGIN State	N _e	Zip	City Cross-Street Major Landmark If Destination not in Study Trip Purpose: Home to or from Work Street Adress City Cross-Street	Area, exiting Shopping	Social or Rec.	Othor TION State	Commodity Hauled

	OHIO DEPARTMENT OF TRANSPORTATION								
6	DEAR MOTORIST:								
- W	The Ohio Department of Transportation is collecting information on travel patterns to								
7	plan for needed improvements in the transportation system. Your cooperation will help the State of Ohio better serve your travel needs. Please complete this postage-								
<i>II</i>	paid form and mail it back today, even if you have received more than one card.								
	A. How many people, including yourself,								
8	were in the vehicle when you received this card? (circle one) 1 2 3 4 5 5+								
	B. Please identify the type of vehicle Car/Cycle								
	you were driving (circle one) Pickup Truck Other Van/4x4								
9	C. If a truck,								
	what commodity was being hauled?								
10	D. Did this trip start at home? (circle one)								
	Yes No								
11	E. What was the purpose of this trip when given this card?(circle one) Home to Work Social or								
	Work to Home School Shopping Recreational Other								
	F. Where did you begin this trip (in this direction) today? Please be as specific as possible.								
12	Address								
	Number Street								
	Nearest Cross Street								
1									
	City, Village, Town State Zip Code								
2	If the address is not known, can you name an important building or place where this trip began?								
	(hospital, school, shopping center, public building, etc.)								
	G. If this trip did not begin in Franklin or Licking County, what route was taken to enter the area?								
3									
9	H. Where did you end this trip today? Please be as specific as possible.								
-	Address Number Street								
4	Nearest Cross Street								
GJ	City, Village, Town State Zip Code								
	If the address is not known, can you name an important building or place where this trip ended?								
	(hospital, school, shopping center, public building, etc.)								
6	Please fill out and mail this card as soon as possible. Thank you for your help.								
)	information: (614) 466-7170								